



2013 INDIANA SHERIFFS' ASSOCIATION YOUTH LEADERSHIP CAMP APPLICATION



Yes, I am currently enrolled in the 7th or 8th Grade (**Circle** the grade you are currently enrolled in) and expect to be promoted to the 8th or 9th Grade at the end of this School Year. I plan to attend the **NORTH / SOUTH** (circle one) session of camp.

Name _____ County _____
Last First Middle Initial

Mailing Address _____ Age _____ Date of Birth _____

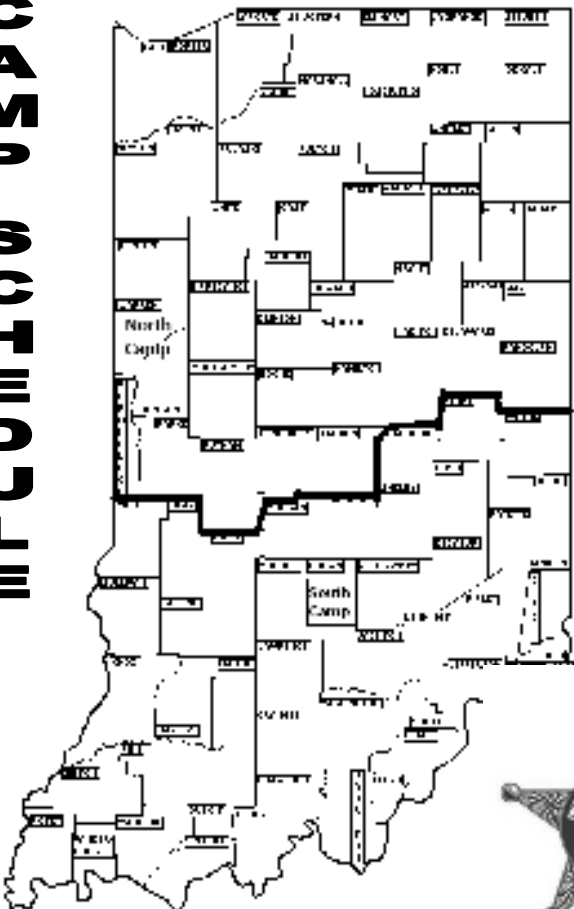
City _____ Zip _____ Home Phone (____) _____

Applicant's Signature _____ Shirt Size: S M L XL XXL Male or Female
(Adult Sizes) (Circle One)

A YOUTH LEADERSHIP ORIENTATION PROGRAM FOR INDIANA YOUTH

The Indiana Sheriffs' Association (ISA) will sponsor and provide Leadership Camps for students this year on the dates shown below. The camp staff will be comprised of sheriffs, sheriffs' deputies, department personnel, and other volunteers. The camp activities will include, but are not limited to, displays, career-oriented classes, leadership skills, obstacle courses, swimming, marching and other recreational and sporting activities. There will be opportunities for discussion and personal contact with some of Indiana's finest law enforcement officers. **(Campers are only permitted to attend this camp ONE time.)**

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NORTHERN SESSION

June 11-14, 2013

Location—Pine Creek Camp
Pine Village, IN
Warren County

Registration – June 11, 2013
2:00 p.m. – 4:00 p.m.

Closing Ceremonies – June 14, 2013
5:00 p.m.

SOUTHERN SESSION

July 9 – 11, 2013

Location – Waycross Episcopal Camp
Morgantown, IN
Brown County

Registration – July 9, 2013
8:00 a.m. – 10:00 a.m.

Closing Ceremonies - July 11, 2013
5:00 p.m.

BACK SIDE OF APPLICATION MUST BE COMPLETED AND SIGNED BY PARENT OR LEGAL GUARDIAN

MEDICAL INFORMATION

List any medical conditions the camp staff should know about that may impede participation, including allergies, medications, etc.

Camper's local Physician's Name

Physician's Phone #

Date

PARENT CONSENT AND RELEASE OF ALL LIABILITY

This part of the application is to be completed and signed by a parent or legal guardian. Where parents are separated or divorced, this form must be signed by the parent with legal custody as established by a court. I hereby certify that the above applicant is in good physical health and to my knowledge has no medical or physical conditions that would prohibit him/her from participating in any of the activities. I have read all the information in this application and I understand that the camper(s) will be supervised by the camp staff and that if serious injury or illness occurs, medical and/or hospital care will be given. I further understand that in case of serious injury or illness an attempt will be made to notify the parent or legal guardian from the information furnished in this form. If it is impossible to reach the parent or legal guardian, I give my permission for treatment or surgery to be administered as recommended by the attending physician(s).

In consideration of voluntarily participating in the ISA's Youth Leadership Camp program, I/we acknowledge that I/we and the applicant know and appreciate the risks and dangers involved in the above Leadership Camp Program and are assuming all risks, both known and unknown, of injury, which may include serious and permanent bodily injury or death, and damage incident to his/her participation in said Camp. Further, I/we do hereby release and forever discharge the Indiana Sheriffs' Association, Inc., all Indiana Sheriffs' Offices, and all volunteers (collectively "the Releasees") together with the Releasees' representatives, agents, officers, employees and officials, from all claims, demands, actions and causes of actions of any sort for any injuries sustained by the applicant and from any damages to applicant and/or applicant's property as a result of the camp activities which will include, but is not limited to, displays, career-oriented classes, obstacle courses, swimming, tug-war, marching and other recreational and sporting activities. **To the fullest extent permitted by law, this release includes a release from any and all personal injury or property damage caused by negligence.**

Photo Release: I am aware that photographs or video may be taken of ISA's Camp participants during various events and activities. These pictures may be taken by ISA staff members, professional photographers, news media, volunteers, or other people involved in the Camp, including parents of other Camp participants. I understand that no one is required to have his/her picture taken. I waive the right to see or approve any publications that contain photographs of me and/or my child(ren). I release the Releasees as identified above from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of me and/or my child(ren).

I give the ISA and its representatives permission to use photographs or video that include me and/or my child(ren) in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters, both print and email, posters, brochures, ads, post cards and web pages.

- ☐ Yes, I agree that the ISA may use photos and videos that include me and/or my child(ren).
☐ No, I do not agree that the ISA may use photos and videos that include me and/or my child(ren). I understand that the ISA cannot control the picture and video taking by anyone other than ISA staff members and representatives, and the above release applies to such pictures.

I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND RELEASE FORM AND REQUEST THAT THE ABOVE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Contact Phone No.

(Alternate Phone No.)

Parent/Legal Guardian Signature:

There is no fee for attending the camp. Completed applications must be submitted to the Tippecanoe County Sheriff's Office located at 2640 Duncan Road, Lafayette, Indiana 47904 by 4:30 p.m. on Wednesday, June 5th, 2013.

INFORMATION WILL BE FORWARDED TO EACH CAMPER WITHIN FIVE DAYS OF THE FIRST DAY OF CAMP

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| For ISA use Only: <input type="checkbox"/> Paid <input type="checkbox"/> Entered <input type="checkbox"/> Info Mailed <input type="checkbox"/> Cert Printed (D) |
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